DIVISION OF ALCOHOL AND SUBSTANCE ABUSE  Department of Social & Health Services  DASA TARGET GROUP TREATMENT ACTIVITIES					GROUP NAME				
ACTUAL DATE	ACTUAL TIME				ACTUAL DURATION STA				
CHILD CARE TYPE	:	☐ A.M.	☐ P.M.						
C – Licensed Family/Home Care F – On-site Facility N – Not Applicable R – Relative Care			H – In-Home Care L – Licensed Childcare Cen T – Therapeutic Center U - Unknown					er	
			ATTENDAN		ATTENDANCE		`F		
LAST NAME	FIRST NAI	ME	MIDDLE	DATE OF BIRTH	YES	EXCUSED	NO SHOV	NUMBER OF CHILDREN	CHILD CARE TYPE